Organization ID # State of origin	0225962 KY	Common				0225962		mcray PRPF
Filing fee \$175.0	alison i	_undergai	n Grimes	s, Secret	ary or a	Alison Lunder	gan Grimes retary of State	
					· · · · ·	Received and		
Alison Lunderga Secretary of P. O. Box	State	Reinsta	3/15/2019 2:53 Fee Receipt: \$	\$175.00				
F: 0, 60x Frankfort, KY 40 (502) 564-3 http://www.sos)602-0718 3490		Reinstatement Annual Report For the years 2015 through 2019				RSI	
Exact organization r	ame and princip	al office address	<u>··</u>		The principal	office address and	registered agent	
MIDWEST N 17020 MEE	ANAGEMENT AN TING HOUSE RD LE KY 40023				name/office ad form. When re addresses unti reinstatement i	ddress cannot be c instating, you canno I the reinstatement is s filed, the statemen ipp.sos.ky.gov/ftse	hanged on this of modify the s filed. Once the it of change can be	
	SON RVILLE WOODS (E, KY 40023 included in a parent here (optional):	COURT	ky tax return as a	disregard	FEIN (Opt	ional)] rent	
Principal Officers -	Name: List the name, address lefault to the principal off	and title of all current of address. Corporation	officers. All organizations are required to list	ons must list at least a Secretary or other	one (1) officer, e	ven in the case of a	sole officer. If not	
President	DON JOHN			_	¥			
Secretary	ROBIN JOH	NSON	· · ·		· · · · · · · · ·		,	
/ice President	JAMES K M	ORLEY	··.	•				
		· · · · · ·			· · ·			
Directors - List the nan director addresses default to	ne and address of all dir	ectors (if applicable).No	listing of directors is	verification that the c	corporation has di	ispensed with directo	ors. If not specified,	
				ke se ka				
		1. m.						
The above entity was 2015. The undersigne satisfies the requirem	ed states that the g	rounds for dissolu	ition either did n	ot exist or have	been elimina	ated, and the e	ntity's name	
Under penalty of perjuinformation pertaining reinstatement pursual	iry, the below sign to MIDWEST MAI	ed hereby authori. NAGEMENT AND	zes the Kentuck	y Department o	of Revenue to	release any a	pplicable tax	ı
f not an officer of said	l entity, please pro	vide a Declaratior	of Power of At	torney with the I	Reinstateme	nt Application.		

X Jon Johnson Signature of officer or chairman of the board (Required)

Title (Required)

B/ 1/19 Date (Required)

*** -



MIDWEST MANAG COMPANY 17020 MEETING HC FISHERVILLE KY 4		Notice Date: KY SoS Org. ID:	March 15, 2019 0225962					
RE:	Letter of Good Standing Request - Approved							
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.							
OUR DETERMINATION	 A DETERMINATION We verified the following information. 1. You are registered with the Department of Revenue. 2. An authorized person requested this letter. 3. You filed income and LLE tax returns as required, or you are exempt from filing. 4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. This notice will remain current for 30 days from the notice date above. 							
WHAT YOU NEED TO DO	 If you are attempting to reinstatic copy of this letter to the Kentucky of the notice date above. If you are a for-profit corporation the Secretary of State a letter of gunemployment Insurance. Their If you are a non-profit entity, pyour tax returns with the Kentuck filing requirements website is: http://pagestatic.com/charity/Pagestatic.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com/charity.com	y Secretary of State ion, you will also no good standing from t telephone number is lease remember to f ty Attorney General tp://ag.ky.gov/famil	within 30 days eed to provide the Division of s 502-564-6835. ile a copy of . The charity					
CONTACT INFORMATION	If you have any questions regarding t you. Agent: Jessica REV3999, Revenue F Email: Jessica.Roberts@ky.gov Direct: 502-564-1056		ontact me. Thank					



COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 03/14/2019

MIDWEST MANAGEMENT AND DEVELOPMENT COMPANY

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0225962

